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March 4, 2019

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Via ECF

The Honorable Denis R. Hurlev Long Island Federal Courthouse 944 Federal Plaza Central Islip, New York 11722

Romano v. Northrop Grumman Corporation et al., No. 16-cv-05760 (E.D.N.Y.) Re:

Dear Judge Hurley:

On behalf of Northrop Grumman Corporation and Northrop Grumman Systems Corporation (collectively, "Northrop Grumman"), and pursuant to Section 3 of the Court's Individual Motion Practices and Rules, we respectfully request that this Court exercise its authority under Federal Rule of Civil Procedure ("Rule") 16(c)(2)(L) to enter a modified case management order requiring Plaintiffs to demonstrate exposure to hazardous substances and to substantiate the causation element of their claims before this action proceeds further.

1. Plaintiffs' Own Test Results Show No Contamination on Their Properties.

Plaintiffs filed this action based on certain test results that allegedly showed "elevated levels of toxic contaminants and industrial solvents," on and/or underneath their properties, including volatile organic compounds and industrial solvents such as trichloroethylene ("TCE") rising from a groundwater "plume" originating from Northrop Grumman and the Navy's historic operations in Bethpage. (SAC ¶¶ 127, 130, 133, 136, 139, 142, 145, 148 and 153.)¹ Northrop Grumman served its First Request for Admission ("RFA No. 1"), asking Plaintiffs to admit the accuracy of the those test results, which—contrary to the allegations in the SAC—revealed that samples of soil gas taken eight feet below the surface on each property tested show that *none* of the substances listed in the SAC were detected on Plaintiffs' properties as alleged. Specifically, those results show no TCE or any TCE breakdown products in soil gas; no polychlorinated biphenyl (PCBs) detected in soil; and no other substances identified in the SAC "at concentration levels in excess of federal and/or state regulatory limits." (Id. at \P 99.)² After asserting baseless

¹ Northrop Grumman sought in the first instance to move to dismiss the Second Amended Complaint ("SAC") for failure to plausibly allege causation in addition to failure to allege timely claims. (Dkt. No. 37.) This Court deferred the proposed causation ground, permitting Northrop Grumman to renew it, if needed, after the timeliness motion was decided. (Order re: Dkt. Nos. 37-39, June 29, 2018.) Since then, discovery has confirmed facts that contradict the key allegations. Northrop Grumman raised the request herein before Judge Lindsay, who directed that it be made to Your Honor. (See Feb. 4, 2019 Hearing Tr. at 17:6-18:10.)

² The sole detections of other substances mentioned in the SAC were at trace levels, far below federal and/or state regulatory standards (which are well below any level that could cause harm). (See Dkt. No. 68-1 at 6, Attachment 1

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The Honorable Judge Denis R. Hurley March 4, 2019 Page Two

objections, subjecting Northrop Grumman to unnecessary motion practice, and receiving not one but two court Orders, Plaintiffs finally admitted the accuracy of their own test results, which call into question whether this lawsuit should ever have been filed. (See Ex. 1, Second Amend. Resp. to RFA No. 1, Feb. 19, 2019.) In short, Plaintiffs admit that their own testing contradicts the claim that there are hazardous levels of substances on their properties originating from Northrop Grumman's historical work with the Navy—the allegation at the heart of every claim they assert. Discovery to date, specifically the putative class representative Plaintiffs' written responses to court-ordered fact sheets, reinforces that there was no proper basis for this lawsuit. Those responses confirm that the putative class representatives do not know the substances to which they were allegedly exposed and do not know which substances allegedly caused them harm. (PL-ROM000007, 83, 137, 209, 320, 384, 439, 511, 576, 646, 710, 786, 851, 906.)³ At most, one Plaintiff states that a doctor told her that her injury "could possibly be related to Grumman" (PL-ROM000144); the other Plaintiffs cannot point to one doctor or other expert who has suggested that their injuries could have been caused by hazardous substances in their community, let alone by contaminants allegedly linked to Northrop Grumman and the Navy that may exist in plumes deep below the surface. (PL-ROM000014, 216, 327, 391, 446, 518, 583, 717, 793, 913.) This absence of facts supporting causation or exposure is not surprising; it confirms what regulators have long concluded—there was and is no off-site public health risk associated with the plumes.⁴

2. Plaintiffs Should Be Required to Produce Expert Affidavits on Exposure and Causation Before this Action Proceeds.

In light of the foregoing, the court should enter a "Lone Pine" order requiring Plaintiffs to come forward with credible *prima facie* evidence on the causation element of their claims. ⁵ Courts in

to RFA No. 1.) For instance, the maximum concentration of 2-Butanone ("MEK") detected on any property was 280 µg/m3, less than 0.2% of the United States Environmental Protection Agency Screening Level for residential soil vapor of 170,000 µg/m3)—and MEK, in any event, has not been identified by the New York State Department of Environmental Conservation Records of Decision as a constituent of the plumes.

³ A true and correct copy of relevant excerpts of Plaintiffs' discovery responses is attached hereto as Ex. 2.

⁴ See, e.g., Dkt. No. 59-5 (2013 NYSDOH Study) at 9 (no evidence of "unusual patterns of cancer" occurrence in areas of Bethpage where properties—unlike here—actually *did* have elevated levels of potentially hazardous substances); Dkt. No. 59-3 (1995 OU-1 ROD) at BETPARK000032 (explaining why "route of exposure" to potential contaminants had been "ruled out"); Dkt. No. 59-4 (2001 OU-2 ROD) at pp 45-46 (finding "no exposure pathway" offsite and stating "there's absolutely no way for . . . property to be contaminated by groundwater 100 or 200 or 400 feet below"); Dkt. No. 59-1 (2013 OU-3 ROD) at pp A-10 ("NYSDOH evaluation of data shows that that people in the Bethpage area are not currently being exposed to site related contamination at levels that are expected to result in adverse health effects.").

⁵ Lore v. Lone Pine Corp., No. L-33606-85, 1986 WL 637507 (N.J. Super. Ct. Law Div. Nov. 18, 1986).

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this Circuit and elsewhere regularly impose such procedures where, as here, it is needed "to protect defendants and the Court from the burdens associated with potentially non-meritorious mass tort claims." *Abbatiello v. Monsanto Co.*, 569 F. Supp. 2d 351, 354 (S.D.N.Y. 2008); *see also Baker v. Anschutz Exploration Corp.*, No. 11-CV-6119 CJS, 2013 WL 3282880 at *3 (W.D.N.Y. June 27, 2013) ("'[t]he basic purpose of a *Lone Pine* order is to identify and cull potentially meritless claims and streamline litigation in complex cases."") (citation omitted).

As courts have recognized, the burden on plaintiffs of completing a *Lone Pine* process is minimal, as it merely requires each plaintiff to disclose basic "information [that he] should have had before filing" a claim consistent with Rule 11, including "information regarding the nature of his injuries, the circumstances under which he could have been exposed to harmful substances, and the basis for believing that the named defendants were responsible for his injuries." *See, e.g., Acuna v. Brown & Root Inc.*, 200 F.3d 335, 337-8, 340 (5th Cir. 2000). In contrast, the benefit of a *Lone Pine* process is significant, as it serves to cull out frivolous claims, saving the Court and the parties from proceeding with protracted litigation where plaintiffs cannot present basic information central to their claims. *See In re Fosamax Prods. Liab. Litig.*, No. 06 MD 1789 (JFK), 2012 WL 5877418, at *2 (S.D.N.Y. Nov. 20, 2012) (citing *In re Digitek Prod. Liability Litig.*, 264 F.R.D. 249, 256 (S.D.W.Va. 2010) (issuing *Lone Pine* order where there was reason to believe MDL included meritless claims; dismissing 430 of 439 cases)).

Before proceeding further, each named Plaintiff should therefore be required to present: (1) a property-specific expert report that soil or soil vapor on the properties where Plaintiffs reside or resided in Bethpage contains hazardous substances originating from Northrop Grumman/Navy's operations via the groundwater plumes identified in the SAC; and (2) a case-specific expert report that Plaintiffs' injuries were caused by exposure to the hazardous substances identified in the soil or soil vapor on their properties. In light of the abundant pre-suit evidence showing the alleged contamination at the heart of this action does not exist, implementation of a *Lone Pine* process would efficiently streamline this litigation, eliminating what appear to be claims that were meritless when filed. Northrop Grumman is available to confer regarding its proposed motion at the Court's convenience.

⁶

⁶ See, e.g., Abner v. Hercules, Inc., No. 2:14-cv-63-KS-MTP, 2014 WL 5817542, at *5 (S.D. Miss. November 10, 2014) (case lacking specific allegations of contamination and causation was the "classic expansive, time-consuming, and highly expert dependent case that gave birth to the Lone Pine case management method.") (internal citations and quotation marks omitted); Wilcox ex rel. Estate of Wilcox v. Homestake Mining Co., No. CIV. 04-534 JC/WDS, 2008 WL 4697013, at *1 (D.N.M. Oct. 23, 2008) (ordering plaintiffs to "produce expert affidavits which make a prima facie showing of harmful exposure and specific causation for each injury the particular Plaintiff claims was caused by the Defendants' alleged contamination"), aff'd, 619 F.3d 1165 (10th Cir. 2010); In re 1994 Exxon Chem. Plant Fire Litig., No. 94-MS-3-C-1, 2005 WL 6252312, at *1–2 (M.D. La. Apr. 7, 2005) (Lone Pine order appropriate where plaintiffs only "broadly alleged that substances were released, [plaintiffs] were exposed to the substances, and they were injured or otherwise suffered damages from the exposure").

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Respectfully submitted,

/s/ Jessica Kaufman

Jessica Kaufman

cc: The Honorable Judge Arlene R. Lindsay

All counsel of record (via ECF)

Exhibit 1

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

11
ROSALIE ROMANO; PATRICIA GLUECKERT,
individually and on behalf of the Estate of WILLIAM G.
GLUECKERT; WILLIAM P. GLUECKERT;
FRANCISCO PASTOLERO and MARIA SPICER; JAYNE
MANN; DENISE FLORIO; ROSS MEADOW and
ARLENE MEADOW; JACOB KHOLODNY and BELLA
KHOLODNY; FLO RAUCCI, individually and on behalf of
the Estate of SALVATORE RAUCCI; DANIEL
GALLANTE and JENNIFER GALLANTE; and TERESA
MEADE, individually and on behalf of all others similarly
situated; and MARYANN HERBERT; CHRISTINA
ANDREWS-SALES; CHRISTOPHER CAGNA; JACKIE
LIEBERMAN; CATHERINE LEWONKA; EUGENE
CONNOLLY; VIVIIANE BLICKENSDERFER; DANA
BLICKENSDERFER; GLENN FALINO and MARCIA
FALINO: and MICHAEL FALINO, individually.

Case No: 16-cv-5760

HON. DENIS R. HURLEY

HON. ARLENE R. LINDSAY

Plaintiffs,

-against -

NORTHROP GRUMMAN CORPORATION; NORTHROP GRUMMAN SYSTEMS CORPORATION; and TOWN OF OYSTER BAY

Defendants.	
	X

PLAINTIFFS' SECOND AMENDED RESPONSE TO NORTHROP GRUMMAN CORPORATION'S AND NORTHROP GRUMMAN SYSTEMS CORPORATION'S FIRST REQUEST FOR ADMISSION TO PLAINTIFFS

Pursuant to Federal Rule of Civil Procedure 36(a), Plaintiffs, through their undersigned counsel, pursuant to the Court's Order dated February 4, 2019, hereby amend their Response to Northrop Grumman Corporation's and Northrop Grumman Systems Corporation's (collectively "Grumman") First Request for Admission as follows:

Request:

Admit that Attachment 1 hereto accurately sets forth certain results of the environmental

chemical sampling reported in Exhibit A to your affirmation in Reply filed in Romano v. Town of

Oyster Bay, No. 601158/17 (N.Y. Sup. Ct. July 21, 2017) (Dkt. No. 34).

Response:

1. Attachment 1 to Grumman's Request for Admission is a one page table, created by

Grumman, that selects 10 substances out of a list of about 66 substances (or 73, counting

PCBs) tested for during an environmental sampling event conducted at several residential

properties in April 2016.

2. The complete laboratory results of the above sampling event, as reported in "Exhibit A",

are part of the record before this Court (Romano et al. v. Northrop Grumman Corp. et al.,

2:16-cv-5760-DRH-ARL, Doc. No. 59, Ex. 8), and speak for themselves.

3. Plaintiffs admit that Grumman's table, Attachment 1, accurately sets forth certain results

of the environmental chemical sampling reported in Exhibit A.

Dated: February 19, 2019 Melville, New York

NAPOLI SHKOLNIK PLLC

Attorneys for Plaintiffs and the Proposed Class

By:

Lilia Factor, Esq.

360 Lexington Ave., 11th Floor

New York, NY, 10017

Tel: (212) 397-1000

lfactor@napolilaw.com

2

TO: Jessica Kaufman, Esq.
MORRISON & FOERSTER LLP
250 West 55th Street
New York, NY 10019
jkaufman@mofo.com

Peter F. Tamigi, Esq. MILBER MAKRIS PLOUSADIS & SEIDEN, LLP 1000 Woodbury Rd., Suite 402 Woodbury, NY 11797 ptamigi@milbermakris.com

Exhibit 2

PLAINTIFF FACT SHEET

I am comple	ting thi	s Fact Sheet on behalf of:	
□ myself	□ a m	inor other, specify	,
BACKGROU	J ND		
	1.	State the name, address, telephone you of each person who prepared the responses to this Fact Sheet. (I simply typed or reproduced the responses)	or assisted in the preparation of Do not identify anyone who
Arlens	M	1400W	
Lilin	Face	capow rapoli, Shkulnik	ł .
ρ.,	2.	Plaintiff's full name:	
First		Middle	Last
13	3. Street	Current Address: 3	Apt. No. //7/4
City	y	State	Zip
	4.	Date and place of Birth:	
	5.	Social Security number:	
	6.	Maiden name, if any:	
	7.	Any other names that you have be	en known by:
-			

I.

II.	PR	OP	ERT	ΓV	DA	MA	CE	CI.	AIMS
11.	\mathbf{r}	VI.	ER.		DA	IVIA	ULL	-L	ALIVIO

		Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants? YesNo
		If Yes, please state the address of each property that you claim has been damaged:
		m injury to more than one parcel of property, please provide uplete your response.)
Own	er(s) Ross	l Adere Mendon & Hoovel LAND, Bellippe not 11714
a.		aim is damaged at this property? (i.e. Soil/water/air):
	If you claim a st	tructure is damaged, please state the year the structure was built:
b.	Identify the sper property?:	cific hazardous substance(s) you claim are present at this
c.		oundwater or air at this property ever been tested to discover ous substances are present? YesNo I do not know
	who did the test were performed for testing done them to the best	that was tested (i.e. soil, water, air), the date(s) of the test(s), ing, and provide a copy of all results for each of the tests that that you or your attorneys, representatives or agents have, except in April 2016. If you do not have the test results, please describe of your ability.
d.	substances?	did you first notice or learn of the presence of such Hazardous
e.	Are the Hazardo	ous substances still present on the property today?
	Yes.	No I do not know.
	If no, when did	the Hazardous substances cease to be present?

Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

f.

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Please also provide a	n Medical Practitioner or Medical an authorization to obtain medical F for each insurer to whom you su ed conditions or injuries.	insurance records in the form
30.	Have you ever been told by any M the <u>physical</u> injuries, illnesses or a seeking damages in this lawsuit m or in part, by any of the defendant for which you seek to recover dam Yes No. J. DIJ No.	conditions for which you are ay have been caused, in whole s or by Hazardous substances hages in this lawsuit?
part, by any of the de	nich condition you were told may ha fendants or Hazardous substances ar you this and the date on which you	ve been caused, in whole or in nd identify the Medical
31. Dun T	Please identify all current expense expenses, including all out-of-poor are related to any injury caused by substances as alleged in the Secon including the total amount of such	ket expenses which you contend your exposure to Hazardous and Amended Complaint,

PLAINTIFF FACT SHEET

I am comp	eting this Fact Sheet on behalf of:	
myself	☐ a minor ☐ other, specify	
BACKGRO	UND	
221	you of each person who pre the responses to this Fact S simply typed or reproduced	dephone number, and relationship to epared or assisted in the preparation of theet. (Do not identify anyone who d the responses.)
Ba	& L. Meadaw (Aust	and)
- 6	illa Factor/ Negal	i Skolnick
	Plaintiff's full name:	J
First	Middle	Last
	3. Current Address:	4
-	Street Address	11 Apt. No.
C	State	Zip
	4. Date and place of Birth:	
	5. Social Security number:	3
	6. Maiden name, if any:_	
	7. Any other names that you	have been known by:
<u></u>		

I.

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II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

Yes _ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owne	What do you claim is damaged at this property? (i.e. Soil/water/air):
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?: Soil was tested + Volatile Olemicals were found
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present?
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
d.	How and when did you first notice or learn of the presence of such Hazardous substances? When cutacled by att my hapoli the Inick
e.	Are the Hazardous substances still present on the property today? Yes No I do not know. If no, when did the Hazardous substances cease to be present?
f.	Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

PLAINTIFF FACT SHEET

I am comp	leting this Fact Sheet on behalf of:
myself	□ a minor □ other, specify
BACKGRO	DUND
,	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Lil	ia factor
	Napoli ShKolnik
Deni	Se Plaintiff's full name: Florid Middle Last
Beth Cir	Street Address Street Address Street Address State Apt. No. 11714
	4. Date and place of Birth
	5. Social Security number
	6. Maiden name, if any:

II. PROPERTY DAMAGE CLAIMS

	example, land, building, house) has been damaged by Hazardous substances or any of the defendants? Yes No	
	20. If Yes, please state the address of each property that you claim has been damaged:	
	EL 1 (if you claim injury to more than one parcel of property, please provide onal pages to complete your response.)	
Owner	(s) Bethpergeny 11714	
a.	What do you claim is damaged at this property? (i.e. Soil/water/air):	
	If you claim a structure is damaged, please state the year the structure was built:	
b.	Identify the specific hazardous substance(s) you claim are present at this property?: Don't remember	
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present?YesNo I do not know	
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.	
	April 2016 Jesting Summer 2018 Lesting Radon (at	tachec
d.	How and when did you first notice or learn of the presence of such Hazardous substances? Flear ned about Grungene Hoplume for	2)44
e.	Are the Hazardous substances still present on the property today? Meetings	mun Ja
	Yes. No. I do not know.)
	If no, when did the Hazardous substances cease to be present?	
f.	Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?	

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Please also provide a	n authorization to obtain medic	al insurance records in the fo
provided at Exhibit	n authorization to obtain medic F for each insurer to whom you d conditions or injuries.	
provided at Exhibit	F for each insurer to whom you d conditions or injuries. Have you ever been told by any the physical injuries, illnesses o seeking damages in this lawsuit or in part, by any of the defendation	Medical Practitioners that any or conditions for which you are may have been caused, in wholents or by Hazardous substances
provided at Exhibit l to any of the specifie	F for each insurer to whom you d conditions or injuries. Have you ever been told by any the physical injuries, illnesses o seeking damages in this lawsuit	Medical Practitioners that any or conditions for which you are may have been caused, in wholents or by Hazardous substances
provided at Exhibit I to any of the specifie 30. If yes, please state wh part, by any of the def	F for each insurer to whom you d conditions or injuries. Have you ever been told by any the physical injuries, illnesses o seeking damages in this lawsuit or in part, by any of the defendation which you seek to recover defended.	Medical Practitioners that any or conditions for which you are may have been caused, in whole nts or by Hazardous substances amages in this lawsuit? have been caused, in whole or in and identify the Medical u were told:
provided at Exhibit I to any of the specifie 30. If yes, please state wh part, by any of the def	F for each insurer to whom you d conditions or injuries. Have you ever been told by any the physical injuries, illnesses o seeking damages in this lawsuit or in part, by any of the defendation which you seek to recover divide the condition you were told may fendants or Hazardous substances	Medical Practitioners that any or conditions for which you are may have been caused, in whol nts or by Hazardous substances amages in this lawsuit? have been caused, in whole or in and identify the Medical u were told:

PLAINTIFF FACT SHEET

I am comp	leting this Fact Sheet on behalf of:
myself	□ a minor □ other, specify
BACKGRO	UND
Lilia	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.) Factor Esg Napoli Shkolnik
Rosal	2. Plaintiff's full name: Zomano
First	Middle Last
68 S	3. Current Address: Street Address Apt. No.
Ci	ty State Zip
	4. Date and place of Birth:
	5. Social Security number:
	6. Maiden name, if any:
	7. Any other names that you have been known by:

II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?
X_Yes__No

	20. If Yes, please state the address of each property that you claim has been damaged:
	EL 1 (if you claim injury to more than one parcel of property, please provide onal pages to complete your response.) (s) Enn Cayle Reschie Romano
Owner	(s) Erin Coyle Roschie Romano
a.	What do you claim is damaged at this property? (i.e. Soil/water/air):
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?: Not Sure
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? Yes No I do not know
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
d.	How and when did you first notice or learn of the presence of such Hazardous substances? At this property - 4/20161
e.	Are the Hazardous substances still present on the property today?
	If no, when did the Hazardous substances cease to be present?
f.	Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

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Michael Nemiro	A GOON orthun BlvR areat Neck my	2003?
•		
provided at Exhibit	n authorization to obtain medical F for each insurer to whom you su d conditions or injuries.	
30.	Have you ever been told by any Methe physical injuries, illnesses or esseeking damages in this lawsuit mere in part, by any of the defendant for which you seek to recover damage. Yes. No.	conditions for which you are ay have been caused, in whole s or by Hazardous substances
part, by any of the det	nich condition you were told may ha fendants or Hazardous substances ar you this and the date on which you	nd identify the Medical
31.	Please identify all current expense	
	expenses, including all out-of-poc are related to any injury caused by substances as alleged in the Secon including the total amount of such	your exposure to Hazardous d Amended Complaint,

PLAINTIFF FACT SHEET

myself	□ a minor □ other, specify
BACKGRO	UND
	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Jenny	2. Plaintiff's full name: Gallante
First	Middle Last
N Be Ci	3. Current Address: Ceats Caurt Street Address ty State Zip
	Date and place of Birth:
	5. Social Security number:
	6. Maiden name, if any:_
	7. Any other names that you have been known by:

II. PROPERTY DAMAGE CLAIMS

	19.	Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants? YesNo	
	20.	If Yes, please state the address of each property that you claim has been damaged:	
		nim injury to more than one parcel of property, please provide mplete your response.)	
Owner((s) B	ethpage, ry 1.1714	
a.	What do you c	claim is damaged at this property? (i.e. Soil/water/air):	
	If you claim a	structure is damaged, please state the year the structure was built:	
b.	Identify the sp property?:	pecific hazardous substance(s) you claim are present at this	
c.	Has the soil, g whether Hazar	roundwater or air at this property ever been tested to discover rdous substances are present? YesNo I do not know	
	who did the te were performe for testing dor	estate what was tested (i.e. soil, water, air), the date(s) of the test(s), esting, and provide a copy of all results for each of the tests that ed that you or your attorneys, representatives or agents have, except the in April 2016. If you do not have the test results, please describe	
	April a	est of your ability. 2014 - 301 Prever saw res	ult
d.	How and whe substances?	n did you first notice or learn of the presence of such Hazardous	
e.	right	after the property was tested. I down substances still present on the property today?	
C.	1	No I do not know.	
		id the Hazardous substances cease to be present?	
f.	Have you eng remedial action	aged in any investigation of Hazardous substances or removal or on at this property?	

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	W	
Dr. Mehren Mansouri	Plainview, NY	2013
Dr. Mehren Mansovri Plainview Hospital Dr. Ko Ka-gynocologi	8 Seitz Both page	2013
	Decopage	
provided at Exhibit F	authorization to obtain medical for each insurer to whom you su conditions or injuries.	
30.	Have you ever been told by any M the physical injuries, illnesses or c seeking damages in this lawsuit m or in part, by any of the defendant for which you seek to recover dam Yes No.	onditions for which you are ay have been caused, in whole s or by Hazardous substances
part, by any of the defe	ch condition you were told may ha endants or Hazardous substances ar ou this and the date on which you	nd identify the Medical
31.	Please identify all current expense expenses, including all out-of-poc are related to any injury caused by substances as alleged in the Secon including the total amount of such	ket expenses which you contend your exposure to Hazardous d Amended Complaint,

PLAINTIFF FACT SHEET

myself	□ a m	inor other, specify
SACKGRO	UND	
	1.	State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Danu	~ λ ² .	Plaintiff's full name:
First	<u> </u>	Middle Last
	3. n	Current Address:
r Ci	3 Street	Address Apt. No 14 Zip
	4.	Date and place of Birth:_
	5.	Social Security number:
	6.	Maiden name, if any:
	7.	Any other names that you have been known by:

II. PROPERTY DAMAGE CLAIMS

	19.	Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?	
		Yes No	
	20.	If Yes, please state the address of each property that you claim has been damaged:	
PARC addition	nal pages to cor	im injury to more than one parcel of property, please provide implete your response.)	
a.		laim is damaged at this property? (i.e. Soil/water/air):	
	If you claim a	structure is damaged, please state the year the structure was built:	
b.	Identify the spe property?:	ecific hazardous substance(s) you claim are present at this OUT THE COMPOUND COLOR SO ON THE COLOR SO ON	S
c.		roundwater or air at this property ever been tested to discover dous substances are present? Yes No I do not know	
	who did the test were performed for testing done	tate what was tested (i.e. soil, water, air), the date(s) of the test(s), sting, and provide a copy of all results for each of the tests that d that you or your attorneys, representatives or agents have, except e in April 2016. If you do not have the test results, please describe	
	them to the bes	2016-501 Prever Suw re	Sul
d.	How and when substances?	did you first notice or learn of the presence of such Hazardous	
	Mant	after property was tested	
e.	. /	dous substances still present on the property today?	
		No I do not know. I the Hazardous substances cease to be present?	
c			
f.		ged in any investigation of Hazardous substances or removal or at this property?	

f.

Case 2:120-GV-05/750-1577-P-APRL DOCUMENT 864-2 Filed 08/04/120 Page 137 of 49 Page 197 by

	an authorization to obtain medica	
at Exhibit E for each Please also provide : provided at Exhibit	an authorization to obtain medical Medical Practitioner or Medical an authorization to obtain medical F for each insurer to whom you sed conditions or injuries.	l Treatment Facility identified.
at Exhibit E for each Please also provide a provided at Exhibit	an authorization to obtain medical F for each insurer to whom you seed conditions or injuries. Have you ever been told by any I the physical injuries, illnesses or seeking damages in this lawsuit r or in part, by any of the defendant for which you seek to recover dates.	I Treatment Facility identified. Il insurance records in the form ubmitted a claim with respect Medical Practitioners that any of conditions for which you are nay have been caused, in whole its or by Hazardous substances mages in this lawsuit?
Please also provide a provided at Exhibit to any of the specific 30.	An authorization to obtain medical F for each insurer to whom you seed conditions or injuries. Have you ever been told by any I the physical injuries, illnesses or seeking damages in this lawsuit r or in part, by any of the defendant for which you seek to recover damages. Yes No No.	I Treatment Facility identified. Il insurance records in the form ubmitted a claim with respect Medical Practitioners that any of conditions for which you are nay have been caused, in whole its or by Hazardous substances mages in this lawsuit?
Please also provide a provided at Exhibit to any of the specific 30. If yes, please state what, by any of the de	an authorization to obtain medical F for each insurer to whom you seed conditions or injuries. Have you ever been told by any I the physical injuries, illnesses or seeking damages in this lawsuit r or in part, by any of the defendant for which you seek to recover dates.	I Treatment Facility identified. Il insurance records in the form ubmitted a claim with respect Medical Practitioners that any of conditions for which you are nay have been caused, in whole its or by Hazardous substances mages in this lawsuit? The Medical
Please also provide a provided at Exhibit to any of the specific 30. If yes, please state what, by any of the de	an authorization to obtain medical F for each insurer to whom you seed conditions or injuries. Have you ever been told by any I the physical injuries, illnesses or seeking damages in this lawsuit r or in part, by any of the defendant for which you seek to recover damage. Yes No On the condition you were told may he fendants or Hazardous substances a	I Treatment Facility identified. Il insurance records in the form ubmitted a claim with respect Medical Practitioners that any of conditions for which you are nay have been caused, in whole its or by Hazardous substances mages in this lawsuit? The Property of the model or in and identify the Medical

PLAINTIFF FACT SHEET

1 am comple	ing this Fact Sheet on behalf of:
myself	□ a minor □ other, specify
BACKGROU	ND
	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Michelle	Greene (Napoli)
	2. Plaintiff's full name:
Jayne	Theresa Mann
First'	Middle Last
40 Mar	3. Current Address: tin Rood South
10 1114	Street Address Apt. No.
Bethpo	ce NY 11714
City	State Zip
	4. Date and place of Birth:
	5. Social Security number:
	6. Maiden name, if any:
3	7. Any other names that you have been known by:

I.

II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

X Yes _ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

additio	40 Martin Road South, Rethpage NY 11714
Owner	
a.	What do you claim is damaged at this property? (i.e. Soil/water/air):
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?:
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? Yes No I do not know
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
d.	How and when did you first notice or learn of the presence of such Hazardous substances?
e.	Are the Hazardous substances still present on the property today? Yes No I do not know.
	If no, when did the Hazardous substances cease to be present?
f.	Have you engaged in any investigation of Hazardous substances or removal or

remedial action at this property?

Case 2:120-GV-0007510-157RP-ARIL DOCUMENT 864-2 Filled 08/04/20 Page 20 of 49 Page 10 #: 2578

		ical records in the form provided ical Treatment Facility identified.
at Exhibit É for eac Please also provide provided at Exhibit	ch Medical Practitioner or Medi an authorization to obtain medi	_
at Exhibit É for eac Please also provide provided at Exhibit	an authorization to obtain medit F for each insurer to whom you led conditions or injuries. Have you ever been told by any the physical injuries, illnesses seeking damages in this lawsui or in part, by any of the defend for which you seek to recover	ical Treatment Facility identified. ical insurance records in the form u submitted a claim with respect y Medical Practitioners that any of or conditions for which you are it may have been caused, in whole lants or by Hazardous substances
Please also provide provided at Exhibit to any of the specification. If yes, please state we part, by any of the definition of the defini	an authorization to obtain medit F for each insurer to whom you ied conditions or injuries. Have you ever been told by any the physical injuries, illnesses seeking damages in this lawsui or in part, by any of the defend for which you seek to recover eyes	ical Treatment Facility identified. ical insurance records in the form u submitted a claim with respect y Medical Practitioners that any of or conditions for which you are it may have been caused, in whole lants or by Hazardous substances damages in this lawsuit? have been caused, in whole or in its and identify the Medical
at Exhibit E for each Please also provide provided at Exhibit to any of the specification of the specification. If yes, please state we part, by any of the definition of the	an authorization to obtain medit F for each insurer to whom you led conditions or injuries. Have you ever been told by any the physical injuries, illnesses seeking damages in this lawsui or in part, by any of the defend for which you seek to recover eyes. X No. Which condition you were told may defendants or Hazardous substance.	ical Treatment Facility identified. ical insurance records in the form u submitted a claim with respect y Medical Practitioners that any of or conditions for which you are it may have been caused, in whole lants or by Hazardous substances damages in this lawsuit? have been caused, in whole or in its and identify the Medical

PLAINTIFF FACT SHEET

I am comp	leting thi	s Fact Sheet on behalf of:	
myself	□ a m	ninor other, specify	
BACKGRO	UND		
	1.	you of each person who pre	ephone number, and relationship to epared or assisted in the preparation of heet. (Do not identify anyone who d the responses.)
1.LA 1	acto	7 850	
Napli.	Sho	LIVIL PLL	C
BellA	2.	Plaintiff's full name:	KHOLODNY
First		Middle	Last
Bethh	3. 7 Street	Current Address: Ceil Place t Address	Apt. No. //7/4
Ci	ty (State	Zip
	4.	Date and place of Birth:	
	5.	Social Security number:	
	6.	Maiden name, if any:	
	7.	Any other names that you h	nave been known by:

I.

II. PROPERTY DAMAGE CLAIMS

	19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants? Yes No
	20. If Yes, please state the address of each property that you claim has been damaged:
	CEL 1 (if you claim injury to more than one parcel of property, please provide ional pages to complete your response.) The content of the property please provide ional pages to complete your response.) The content of the property please provide ional pages to complete your response.) The content of the property please provide ional pages to complete your response.)
Own	K.Holodr
a.	What do you claim is damaged at this property? (i.e. Soil/water/air):
	Soik, WATER/ GIT.
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?:
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present?YesNo I do not know
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability. **MUL ONLY ROA FESTING IN April 2016
d.	How and when did you first notice or learn of the presence of such Hazardous substances?
e.	Are the Hazardous substances still present on the property today?
	Yes No I do not know.
	If no, when did the Hazardous substances cease to be present?

Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

f.

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	an authorization to obtain		
provided at Exhibi	t F for each insurer to who ied conditions or injuries.	m you submit	ted a claim with respec
provided at Exhibi	t F for each insurer to who ied conditions or injuries. Have you ever been told the <u>physical</u> injuries, illn seeking damages in this or in part, by any of the	by any Medica esses or condit lawsuit may ha defendants or b	al Practitioners that any clions for which you are we been caused, in whole y Hazardous substances
provided at Exhibito any of the specif	t F for each insurer to who ied conditions or injuries. Have you ever been told the physical injuries, illn seeking damages in this or in part, by any of the of for which you seek to recommend.	by any Medica esses or condit lawsuit may ha defendants or b	al Practitioners that any clions for which you are we been caused, in whole y Hazardous substances
provided at Exhibito any of the specif 30.	t F for each insurer to who ied conditions or injuries. Have you ever been told the physical injuries, illuseeking damages in this or in part, by any of the for which you seek to recommend Yes No.	by any Medica esses or condit lawsuit may ha defendants or b cover damages	al Practitioners that any of ions for which you are we been caused, in whole y Hazardous substances in this lawsuit?
provided at Exhibit to any of the specification of the specification of the specification of the depart, by any of the depart, by any of the depart, by any of the depart of the specification of the	t F for each insurer to who ied conditions or injuries. Have you ever been told the physical injuries, illn seeking damages in this or in part, by any of the of for which you seek to receive Yes. No. Which condition you were tole fendants or Hazardous subdention which which and the date on weight to the condition of the condition where tole fendants or Hazardous subdention which can be the condition where to the condition where tole fendants or Hazardous subdention where the condition where the cond	by any Medica esses or condital lawsuit may had defendants or be cover damages d may have be stances and ide hich you were	al Practitioners that any consistence of the practitioners that any consistence of the practical
provided at Exhibit to any of the specification of	Have you ever been told the physical injuries, illn seeking damages in this or in part, by any of the for which you seek to receive Yes. No. Which condition you were tole fendants or Hazardous subdyou this and the date on w	by any Medica esses or condit lawsuit may ha defendants or b cover damages d may have be stances and ide hich you were	al Practitioners that any coions for which you are we been caused, in whole by Hazardous substances in this lawsuit? en caused, in whole or intify the Medical told:
provided at Exhibit to any of the specification of	t F for each insurer to who ied conditions or injuries. Have you ever been told the physical injuries, illn seeking damages in this or in part, by any of the of for which you seek to receive Yes. No. Which condition you were tole fendants or Hazardous subdention which which and the date on weight to the condition of the condition where tole fendants or Hazardous subdention which can be the condition where to the condition where tole fendants or Hazardous subdention where the condition where the cond	by any Medica esses or condit lawsuit may ha defendants or b cover damages d may have be stances and ide hich you were	al Practitioners that any coions for which you are we been caused, in whole by Hazardous substances in this lawsuit? en caused, in whole or intify the Medical told:

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Case 2:16-cv-05760-DRH-ARL Document 56-3 Filed 09/28/18 Page 6 of 64 PageID #: 1019

PLAINTIFF FACT SHEET

myself	□ a minor □ other, specify
BACKGRO	UND
	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Lilia	a Factor, Esq.
Napo	oli Shkolnik, PLLC
Jaco	2. Plaintiff's full name: Kholodny
First	Middle Last
	3. Current Address: Place
R	Street Address Street Address Apt. No. 1/7/4
CI	ty / J State Zip
	4. Date and place of Birth:
	5. Social Security number: _
	6. Maiden name, if any:
	7. Any other names that you have been known by:

I.

II. PROPERTY DAMAGE CLAIMS

		19.	Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?
			Yes No
		20.	If Yes, please state the address of each property that you claim has been damaged:
PARCI additio	nal naa	as to one	im injury to more than one parcel of property, please provide inplete your response.) 7 Ceil Place Bethpage b, Bella, and Alexander Kholod
a.		o you c	laim is damaged at this property? (i.e. Soil/water/air): , water, and air
	If you	claim a	structure is damaged, please state the year the structure was built:
b.		y the spo	ecific hazardous substance(s) you claim are present at this
c.	Has the	e soil, gr r Hazar	roundwater or air at this property ever been tested to discover dous substances are present? Yes No I do not know
	who di were p	d the tes	tate what was tested (i.e. soil, water, air), the date(s) of the test(s), sting, and provide a copy of all results for each of the tests that d that you or your attorneys, representatives or agents have, except e in April 2016. If you do not have the test results, please describe at of your ability. A Pril 2016.
d.	How as		did you first notice or learn of the presence of such Hazardous
			I don't remember
e.			lous substances still present on the property today?
		Yes	_ No I do not know.

f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

If no, when did the Hazardous substances cease to be present?

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at Exhibit E for eac	h Medical Practitioner or M	edical records in the form provided and the sedical Treatment Facility identifications and the federal insurance records in the fede
at Exhibit E for eac Please also provide provided at Exhibit	h Medical Practitioner or Me an authorization to obtain m	•
at Exhibit E for eac Please also provide provided at Exhibit	an authorization to obtain m F for each insurer to whom ed conditions or injuries. Have you ever been told by the physical injuries, illness seeking damages in this law or in part, by any of the defe	edical Treatment Facility identification of the formula of the for
at Exhibit E for each Please also provide provided at Exhibit to any of the specific 30.	an authorization to obtain m F for each insurer to whom ed conditions or injuries. Have you ever been told by the physical injuries, illness seeking damages in this law or in part, by any of the defe for which you seek to recov Yes No.	edical Treatment Facility identification and insurance records in the formula you submitted a claim with responsible any Medical Practitioners that any essor conditions for which you are suit may have been caused, in who endants or by Hazardous substance er damages in this lawsuit?
Please also provide provided at Exhibit to any of the specific 30. If yes, please state we part, by any of the de	an authorization to obtain m F for each insurer to whom ed conditions or injuries. Have you ever been told by the physical injuries, illness seeking damages in this law or in part, by any of the defe for which you seek to recov Yes No. hich condition you were told in fendants or Hazardous substar	edical Treatment Facility identification and identification and Medical Practitioners that any mes or conditions for which you are suit may have been caused, in who and and a substance or damages in this lawsuit?
Please also provide provided at Exhibit to any of the specific 30. If yes, please state wipart, by any of the de Practitioner who told	an authorization to obtain m F for each insurer to whom ed conditions or injuries. Have you ever been told by the physical injuries, illness seeking damages in this law or in part, by any of the defe for which you seek to recov Yes No. hich condition you were told n	edical Treatment Facility identification and identification and Medical Practitioners that any mes or conditions for which you are suit may have been caused, in who and and a substance or damages in this lawsuit?
Please also provide provided at Exhibit to any of the specific 30. If yes, please state when years, by any of the decrease.	an authorization to obtain m F for each insurer to whom ed conditions or injuries. Have you ever been told by the physical injuries, illness seeking damages in this law or in part, by any of the defe for which you seek to recov Yes No. hich condition you were told n fendants or Hazardous substar you this and the date on which	edical Treatment Facility identification and identification and Medical Practitioners that any es or conditions for which you are suit may have been caused, in who endants or by Hazardous substance er damages in this lawsuit? The property of the Medical have been caused, in whole or incest and identify the Medical have were told:

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Case 2:16-cv-05760-DRH-ARL Document 56-3 Filed 09/28/18 Page 6 of 64 PageID #: 1019

PLAINTIFF FACT SHEET

I am comp	eting this Fact Sheet on behalf of:
myself	☐ a minor ☐ other, specify
BACKGRO	UND
Lilia Wil	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.) Factor from Napoli Shkolnik I am P. Glueckert
Patri First	2- Plaintiff's full name: Cluecker Middle Last
	3. Current Address: Street Address Leth Page State Sta
	4. Date and place of Birth:
	5. Social Security number:
	6. Maiden name, if any:
	7. Any other names that you have been known by:

I.

II. PROPERTY DAMAGE CLAIMS

- 19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

 Yes No
- 20. If Yes, please state the address of each property that you claim has been damaged:

PAR	CEL 1 (if you claim injury to more than one parcel of property, please provide
uaar	3 Kay Ave Bethpage N.Y. 11714
Own	CEL 1 (if you claim injury to more than one parcel of property, please provide ional pages to complete your response.) 3 Kay Ave Bethpage N. V. 11714 Patricia 6 [ueckert, [was (o owner with displayers)] What do you claim is damaged at this property? (i.e. Sgil/water/air):
a.	What do you claim is damaged at this property? (i.e. Sgil/water/air):
	Soil, water, air, gardens, Plants, grass
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?: Don't Know
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? Yes No I do not know
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
d.	How and when did you first notice or learn of the presence of such Hazardous substances? Don't remember
e.	Are the Hazardous substances still present on the property today? Yes No I do not know.
	If no, when did the Hazardous substances cease to be present?
f.	Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

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Case 2:16-cv-05760-DRH-ARL Document 56-3 Filed 09/28/18 Page 6 of 64 PageID #: 1019

آسا

I.

PLAINTIFF FACT SHEET

I am comple	eting this Fact Sheet on behalf of:
myself	□ a minor □ other, specify
BACKGROU	UND
	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Lilia 1	Factor from Napoli Shkolnik
William First	2. Plaintiff's full name: Patrick Middle Last
10 L	3. Current Address: anadon Rd Street Address Ny Apt. No. 11735
Cit	State
	4. Date and place of Birth:5. Social Security number:
	6. Maiden name, if any:
Bin	7. Any other names that you have been known by:

II. PROPERTY DAMAGE CLAIMS

PARCEL additional

Owner(s)

a.

b.

c.

19.	Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?
	XYes _ No
20.	If Yes, please state the address of each property that you claim has been damaged:
nal pages to con	im injury to more than one parcel of property, please provide inplete your response.) Kay Ave 1 Beth Page 1 NY 11714 Liam G & Patricia Glucckert
Gras	laim is damaged at this property? (i.e. Soil/water/air): Water, Air, Gardens, Plants, structure is damaged, please state the year the structure was built:
Has the soil, gr	coundwater or air at this property ever been tested to discover
If yes, please so who did the tes were performed for testing done	YesNo I do not know tate what was tested (i.e. soil, water, air), the date(s) of the test(s), sting, and provide a copy of all results for each of the tests that d that you or your attorneys, representatives or agents have, except in April 2016. If you do not have the test results, please describe it of your ability.
substances?	did you first notice or learn of the presence of such Hazardous OSLO with Bain Turno (, July 2013) ous substances still present on the property today?
many transfer of the second se	No. I do not know.

f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

If no, when did the Hazardous substances cease to be present?_

After Bein

e.

Case 2:120-GV-0907510-157RP-ARIL DOCUMENT 864-2 Filled 08/04/29 Page 32-0f-49 Page 10#:2386

Case 2:16-cv-05760-DRH-ARL Document 56-3 Filed 09/28/18 Page 18 of 64 PageID #: 1031

at Exhibit E for eac	an authorization to obtain medi h Medical Practitioner or Medic an authorization to obtain medi	cal Treatment Facility identifi
at Exhibit E for eac Please also provide provided at Exhibit	h Medical Practitioner or Medic	cal Treatment Facility identifications call insurance records in the fo
at Exhibit E for eac Please also provide provided at Exhibit	an authorization to obtain medical F for each insurer to whom you ed conditions or injuries. Have you ever been told by any the physical injuries, illnesses of seeking damages in this lawsuit or in part, by any of the defendance.	cal Treatment Facility identifical insurance records in the for submitted a claim with respect of Medical Practitioners that any or conditions for which you are amay have been caused, in who cants or by Hazardous substances
at Exhibit E for eac Please also provide provided at Exhibit to any of the specific	an authorization to obtain medical F for each insurer to whom you ed conditions or injuries. Have you ever been told by any the physical injuries, illnesses of seeking damages in this lawsuit or in part, by any of the defende for which you seek to recover defeated.	cal Treatment Facility identifications are records in the for submitted a claim with respect of Medical Practitioners that any or conditions for which you are may have been caused, in who cants or by Hazardous substances
Please also provide provided at Exhibit to any of the specific 30. If yes, please state when years, by any of the definition of the defin	an authorization to obtain medical F for each insurer to whom you ed conditions or injuries. Have you ever been told by any the physical injuries, illnesses of seeking damages in this lawsuit or in part, by any of the defende for which you seek to recover decondition you were told may fendants or Hazardous substances.	cal Treatment Facility identifications are records in the for submitted a claim with respect of Medical Practitioners that any per conditions for which you are amay have been caused, in who ants or by Hazardous substances lamages in this lawsuit?
Please also provide provided at Exhibit to any of the specific 30. If yes, please state wipart, by any of the de Practitioner who told	an authorization to obtain medical F for each insurer to whom you ed conditions or injuries. Have you ever been told by any the physical injuries, illnesses of seeking damages in this lawsuit or in part, by any of the defende for which you seek to recover defendent to the condition you were told may fendants or Hazardous substances you this and the date on which you	cal Treatment Facility identifications are records in the for submitted a claim with respect of Medical Practitioners that any per conditions for which you are amay have been caused, in who ants or by Hazardous substances lamages in this lawsuit?
Please also provide provided at Exhibit to any of the specific 30. If yes, please state when years, by any of the definition of the defin	an authorization to obtain medical F for each insurer to whom you ed conditions or injuries. Have you ever been told by any the physical injuries, illnesses of seeking damages in this lawsuit or in part, by any of the defende for which you seek to recover defendent to the condition you were told may fendants or Hazardous substances you this and the date on which you	cal Treatment Facility identifications are records in the for submitted a claim with respect of Medical Practitioners that any per conditions for which you are amay have been caused, in who ants or by Hazardous substances lamages in this lawsuit?
Please also provide provided at Exhibit to any of the specific 30. If yes, please state where the specific state where the state where the specific state where the specif	an authorization to obtain medical F for each insurer to whom you ed conditions or injuries. Have you ever been told by any the physical injuries, illnesses of seeking damages in this lawsuit or in part, by any of the defende for which you seek to recover defendent to the condition you were told may fendants or Hazardous substances you this and the date on which you	cal Treatment Facility identifical insurance records in the for submitted a claim with respect of Medical Practitioners that any or conditions for which you are may have been caused, in who ants or by Hazardous substances lamages in this lawsuit? have been caused, in whole or it and identify the Medical ou were told:

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PLAINTIFF FACT SHEET

	I am comp	eting this Fact Sheet on behalf of:	
	☐ myself	a minor Wother, specify as Executrix of the Estate of William 6,	-
I.	BACKGRO	TND Estate of William 6.	
	1.	1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)	,
		ia Factor from Napoli SKKolnil.	4
	will	am P Glueckert	
	First	2. Plaintiff's full name: am G, Glueckert Middle Last Deceased	i i i i i i i i i i i i i i i i i i i
	Be	3. Current Address: Ave. Straet Address V. Apt. No. 714 State Zip	
		4. Date and place of Birth:	
		5. Social Security number:	
		6. Maiden name, if any:	
	A-19-14-14-17	7. Any other names that you have been known by:	

II. PROPERTY DAMAGE CLAIMS

Owner(s)

b.

c.

- 19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants? Yes No If Yes, please state the address of each property that you claim 20. has been damaged: 3Kay Ave Bethpage N. PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.) damaged at this property? (i.e. Soil/water/air): If you claim a structure is damaged, please state the year the structure was built: Identify the specific hazardous substance(s) you claim are present at this property?: don! Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? X Yes No I do not know
 - If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
- How and when did you first notice or learn of the presence of such Hazardous d. substances?
- Are the Hazardous substances still present on the property today? e. No. I do not know. If no, when did the Hazardous substances cease to be present?__
- Have you engaged in any investigation of Hazardous substances or removal or f. remedial action at this property?

Please also provide a at Exhibit E for each	n authorization to obtain medical Medical Practitioner or Medical	records in the form provided Treatment Facility identified.
provided at Exhibit F	n authorization to obtain medical for each insurer to whom you su	insurance records in the form bmitted a claim with respect
to any of the specified	l conditions or injuries.	-
30.	Have you ever been told by any Me	edical Practitioners that any of

13

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical

the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances

Please identify all current expenses incurred, such as any medical

expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint,

including the total amount of such expenses at this time.

for which you seek to recover damages in this lawsuit?

Yes.

31.

Practitioner who told you this and the date on which you were told:

PLAINTIFF FACT SHEET

I am comple	ting this	s Fact Sheet on behalf of:
☐ myself	□ a m	inor Vother, specify <u>Florence Ravcci</u> .
BACKGROU	J ND	
	1.	State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
1:1:0	En	dor Fsa
Nupo	li .	Shkolnik PLLC
-/	2.	Plaintiff's full name:
Flore	nce	Raveci
First		Middle Last
	3.	Current Address:
Bo	Street	Address NY Apt. No. 7/4
Cit	ý	State Zip
	4.	Date and place of Birth:_
	5.	Social Security number:
	6.	Maiden name, if any:
	7.	Any other names that you have been known by:
:		Flo

I.

II. PROPERTY DAMAGE CLAIMS

PROP	ERTY DAMAGE CLAIMS
	19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?
	No
	20. If Yes, please state the address of each property that you claim has been damaged:
additio	EL 1 (if you claim injury to more than one parcel of property, please provide nal pages to complete your response.)
Owner	(s) Raucci, Florence and Salvators
a.	What do you claim is damaged at this property? (i.e. Soil/water/air): All of the above
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?:
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present?YesNo I do not know
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
22	
d.	How and when did you first notice or learn of the presence of such Hazardous substances? Upon getting the test rosults in April 2012
e.	Are the Hazardous substances still present on the property today? Yes No I do not know.
	If no, when did the Hazardous substances cease to be present?
f.	Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

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Case 2:16-cv-05760-DRH-ARL Document 56-3 Filed 09/28/18 Page 6 of 64 PageID #: 1019

PLAINTIFF FACT SHEET

I am compl	eting this Fact Sheet on behalf of:
☐ myself	a minor Vother, specify Estate of Salvatore Ravec;
BACKGRO	UND
	 State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)
Lilia	Factor Feg.
Nap	1: Spkolnick, PLLC
Salvat	2. Plaintiff's full name: Raveci (deceased)
First	Middle Last
B	3. Current-Address: 19 Vivainia La Street Address The page State State Apt. No. 7/4 Zip
	4. Date and place of Birth:
	5. Social Security number:
	6. Maiden name, if any:
	7. Any other names that you have been known by:

I.

II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

√Yes _ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARC addition	EL 1 (if you claim injury to more than one parcel of property, please provide onal pages to complete your response.) 19 Vivainia Lane Bethpage, My
Owner	
a.	What do you claim is damaged at this property? (i.e. Soil/water/air):
	If you claim a structure is damaged, please state the year the structure was built:
b.	Identify the specific hazardous substance(s) you claim are present at this property?:
c.	Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present?YesNo I do not know
	If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.
d.	How and when did you first notice or learn of the presence of such Hazardous substances? The getting the test vesults in Avil 2016
e.	Are the Hazardous substances still present on the property today? Yes. No. I do not know.
	If no, when did the Hazardous substances cease to be present?
f.	Have you engaged in any investigation of Hazardous substances or removal or

remedial action at this property?

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		,	
		authorization to obtain medical Medical Practitioner or Medical	l records in the form provided Treatment Facility identified.
at Exhibit É for Please also prov provided at Ext	each l vide an hibit F		Treatment Facility identified. I insurance records in the form
at Exhibit E for Please also prov provided at Exh to any of the sp	each l vide an hibit F ecified 30.	Medical Practitioner or Medical authorization to obtain medical for each insurer to whom you so	Treatment Facility identified. I insurance records in the form abmitted a claim with respect Medical Practitioners that any of conditions for which you are nay have been caused, in whole is or by Hazardous substances
at Exhibit E for Please also prov provided at Exh to any of the sp	each l vide an hibit F ecified 30.	authorization to obtain medical for each insurer to whom you so conditions or injuries. Have you ever been told by any Nothe physical injuries, illnesses or eseeking damages in this lawsuit mor in part, by any of the defendant for which you seek to recover damages. Yes. No.	Treatment Facility identified. I insurance records in the form abmitted a claim with respect dedical Practitioners that any of conditions for which you are nay have been caused, in whole is or by Hazardous substances mages in this lawsuit?
Please also prov provided at Ext to any of the spe If yes, please sta part, by any of the	vide an hibit F ecified 30.	authorization to obtain medical for each insurer to whom you so conditions or injuries. Have you ever been told by any Nothe physical injuries, illnesses or on seeking damages in this lawsuit mor in part, by any of the defendant for which you seek to recover damages.	I insurance records in the form abmitted a claim with respect Medical Practitioners that any of conditions for which you are may have been caused, in whole its or by Hazardous substances mages in this lawsuit?
at Exhibit E for Please also prov provided at Exh to any of the spe	vide an hibit F ecified 30.	authorization to obtain medical for each insurer to whom you so conditions or injuries. Have you ever been told by any Nothe physical injuries, illnesses or of seeking damages in this lawsuit mor in part, by any of the defendant for which you seek to recover damage. Yes. No. Ch condition you were told may handants or Hazardous substances and the condition of the defendant of the condition you were told may handants or Hazardous substances and the condition of the condition you were told may handants or Hazardous substances and the condition of the condition of the condition you were told may handants or Hazardous substances and the condition of the condition you were told may handants or Hazardous substances and the condition of the condition you were told may handants or Hazardous substances and the condition of the condition you were told may handants or Hazardous substances and the condition of the condition of the condition you were told may handants or Hazardous substances and the condition of the condi	I insurance records in the form abmitted a claim with respect Medical Practitioners that any of conditions for which you are any have been caused, in whole is or by Hazardous substances mages in this lawsuit?